



CITY OF

RIVERSIDE

OFFICE OF NEIGHBORHOODS

Neighborhood Matching Grant Grant Application Form

ORGANIZATION INFORMATION: *Please type or print the following information.*

Neighborhood Organization Name:			
Project Representative Name:			
Mailing Address:			
City:		State:	Zip Code:
E-mail Address:			
Home Phone:		Work Phone:	

A. Project Category: *Please check the box that best describes your project (see NMG Brochure:)*

<input type="checkbox"/>	NEIGHBORHOOD BEAUTIFICATION: Physical improvement in a neighborhood.
<input type="checkbox"/>	NEIGHBORHOOD OUTREACH: One-time grant for membership expansion.
<input type="checkbox"/>	NEIGHBORHOOD SOCIAL ENHANCEMENT: One-time grant for community building activity.
<input type="checkbox"/>	NEIGHBORHOOD PLANNING: Produce a plan, design, or guide for future action.

B. Neighborhood Project Title and Description:

Project Title: _____

Brief Description of the project and how it will improve the neighborhood:

Approximate number of households that would benefit from this project: _____

Please submit original Grant Application Form with Match Pledge Form and Estimated Expense Form to the Office of Neighborhoods at the quarter deadlines as indicated on the checklist. Any questions please call for assistance at (951) 826-5195.

C. Match Pledge Form: (See attached form for totals.)

Subtotal Sweat Equity: \$ _____ Total Hours Pledged: _____
Subtotal In-Kind: \$ _____
Subtotal Cash Donations: \$ _____

Total Match: \$ _____

D. Estimated Expenses Form: (See attached form for total.)

Total Estimated Expenses: \$ _____

E. Grant Funds Requested: (Maximum of \$1,000)

Total Funds Requested: \$ _____

F. SIGNATURE: (The signatory declares that the assigned Project Representative assures that a majority of members of the organization voted to undertake this project, and assures that any funds received as a result of the application will be used only for the purpose set forth herein.)

PRINT NAME of
Project Representative: _____ Telephone: _____

SIGNATURE of
Project Representative: _____ Date: _____

G. AUTHORIZATION PROCESS:

(For office use only)

Date Received:	Reviewed by Staff:	Date Reviewed:

NMG Subcommittee Action:	<input type="checkbox"/> Approve <input type="checkbox"/> Denied	Date:
Chair's Signature:		
RNP Action:	<input type="checkbox"/> Approve <input type="checkbox"/> Denied	Date:
RNP Chair Signature:		
Office of Neighborhoods Manager Signature:		Date: